

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574870

FILING DATE

10 SEP 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>		<i>1</i>			
2		<i>1</i>		<i>1</i>		
3		<i>2</i>		<i>1</i>		
4		<i>3</i>		<i>1</i>		
5		<i>4</i>		<i>1</i>		
6		<i>5</i>		<i>1</i>		
7		<i>6</i>		<i>1</i>		
8		<i>7</i>		<i>1</i>		
9		<i>8</i>		<i>1</i>		
10		<i>9</i>		<i>1</i>		
11		<i>10</i>		<i>1</i>		
12		<i>11</i>		<i>1</i>		
13		<i>12</i>		<i>1</i>		
14		<i>13</i>		<i>1</i>		
15	<i>1</i>		<i>1</i>			
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TOTAL IND.	<i>2</i>	↓	<i>2</i>	↓		↓
TOTAL DEP.	<i>15</i>	←	<i>14</i>	←		←
TOTAL CLAIMS	<i>17</i>		<i>16</i>			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						